



**KŌKUA MAU**

*“Continuous Care”*

Hawai'i Hospice and Palliative Care Organization

## Background Information about the Multilingual Hawaii Advance Directive

The **Hawaii Advance Health Care Directive** (HI AD) or ‘Advance Directive’ (AD) as it is commonly known, is a written statement about your future medical care. Starting May 2016 the HI AD is available in [10 languages](#). To facilitate the discussion for providers and loved ones, the HI AD is a bilingual document translated content block by content block.

Please keep in mind that **most providers speak English only**. To ensure that your wishes and instructions are understood and can be honored, please fill out your HI AD in **English**. In order to complete an advance directive you need to either have two witnesses or a notary public for it to be valid.

**Important limitation:** If you choose to complete the English portion of a bilingual HI AD, State of Hawaii regulations require a **bilingual Notary** to notarize your bilingual version of the advance directive.

*“The notarization of a document that has been written in a foreign language should only be performed by a notary who has a thorough understanding of the foreign language in which the document and/or notarial certificate are written.” [...] Similarly, a notary should not notarize a document written in English if the parties to the document who appear before the notary do not appear to speak, read, or understand English.”* Page 5, Notary Manual 2010.

Call the Notary Public Program (808) 586-1216 for a **bilingual notary**, or go to their website <https://notary.ehawaii.gov/notary/public/publicsearch.html> (‘Search Category’: choose ‘Language’ in the fold down menu and in ‘Search Terms’ type in the language you want).

Please call the notary public office if you have more questions regarding using a bilingual notary.

### **Two recommendations for completing your bilingual AD:**

1) Use **two witnesses** to complete a bilingual HI AD. Witnesses cannot be health care providers (like a doctor, nurse or social worker), employees of a health care facility, or the person you choose as an agent. One of the two persons cannot be related to you or have inheritance rights.

OR

2) Use a **bilingual notary**.

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# HAWAI‘I ADVANCE HEALTH CARE DIRECTIVE *Ilocano*

My name is:

\_\_\_\_\_  
Last First Middle initial Date of Birth Date

## **PART 1: HEALTH CARE POWER OF ATTORNEY – DESIGNATION OF AGENT:**

I designate the following individual as my agent to make health care decisions for me:

\_\_\_\_\_  
Name and relationship of individual designated as health care agent

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone E-mail

If I revoke my agent’s authority or if my agent is not willing, able, or reasonably available to make decisions for me, I designate the following individual as my alternate agent:

\_\_\_\_\_  
Name and relationship of individual designated as health care agent

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Cell Phone E-mail

### **AGENT’S AUTHORITY AND OBLIGATION:**

My healthcare agent should make decisions as I have instructed in Part 2 of this form or as I may otherwise provide orally or in writing. If there are decisions for which I have not provided instructions, I want my agent to make such decisions as I would have chosen to do, basing them on my values, goals, and preferences rather than those of my agent. If a guardian of my person needs to be appointed for me by a court, I nominate my agent.

### **WHEN AGENT’S AUTHORITY BECOMES EFFECTIVE:**

My agent’s authority becomes effective when my primary physician determines that I am unable to make my own health care decisions unless I mark the following box.

- If I mark this box, my agent’s authority to make health care decisions for me takes effect immediately. However, I always retain the right to make my own decisions about my health care. I can revoke this authority at any time as long as I have mental capacity.

## **PAKAUNA A BILIN MAINAIG ITI PANNAKATARIPATO TI SALUN-AT ITI HAWAI‘I**

Siak ni:

\_\_\_\_\_  
Aplyido Nagan Middle initial Petsa ti Pannakayanak Petsa

## **PASET 1: HEALTH CARE POWER OF ATTORNEY – PANANGDUTOK ITI AHENTE:**

Dutokak ti sumaganad a tao kas ahentek nga agaramid kadagiti desision mainaig iti pannakataripato ti salun-at para kaniak:

\_\_\_\_\_  
Nagan ken pakainaigan iti tao a nadutokan kas ahente iti pannakataripato ti salun-at

\_\_\_\_\_  
Address ti Kalsada Siudad Estado Zip

\_\_\_\_\_  
Telepono iti Balay Cell Phone E-mail

No ibabawik ti pannakabalin ti ahentek wenno no agkedked ti ahentek, saanna a kabaelan, wenno saanna a mabalin ti agaramid kadagiti desision para kaniak, dutokak ti sumaganad a tao kas kasukat nga ahentek:

Nagan		ken pakainaigan iti tao a nadutokan kas ahente iti pannakataripato ti salun-at	
Address ti Kalsada		Siudad	Estado Zip
Telepono iti Balay	Cell Phone		E-mail

**PANNAKABALIN KEN OBLIGASION TI AHENTE:**

Ti ahentek iti pannakataripato ti salun-at ket nasken nga agaramid kadagiti desision kas iti imbilinko iti Paset 2 daytoy a pormas wenno kas ibagak a berbal wenno maisurat. No adda dagiti desision nga awan ti naitedko nga instruksion, kayatko nga aramiden ti ahentek dagiti kakasta a desision a kasla met la iti desisionko koma, maibasar kadagiti tagipatgek, tarigagay, ken pagayatak imbes nga iti tagipatgen, tarigagay, ken pagayatan ti ahentek. No masapul a mangdutok ti korte iti mangaywan kaniak, inomnarko ti ahentek.

**KAANO NGA AGPANNURAY TI PANNAKABALIN TI AHENTE:**

Mangrugi nga agpannuray ti pannakabalin ti ahentek iti pannakataripato ti salun-at no ikeddeng ti kangrunaan a doktorko a saankon kabaelan nga aramiden dagiti bukodko a desision mainaig iti pannakataripato ti salun-atko malaksid no markaak ti sumaganad a kahon.

- No markaak daytoy a kahon, agpannuray a dagus ti pannakabalin ti ahentek nga agaramid kadagiti desision mainaig iti pannakataripato ti salun-atko. Nupay kasta, adda latta kaniak ti karbengan nga agaramid kadagiti desision maipanggep iti pannakataripato ti salun-atko. Mabalin nga ibabawi daytoy a pannakabalin iti aniaman nga oras no la ketdi naan-anay ti kinasimbeng ti panunotko.

**PART 2: INDIVIDUAL INSTRUCTIONS** (You may modify or strike through anything with which you do not agree. Initial and date any modifications.)

**A. END OF LIFE DECISIONS**

- If I have an incurable and irreversible condition that will result in my death within a relatively short time, OR
- If I have lost the ability to communicate my wishes regarding my health care and it is unlikely that I will ever recover that ability, OR
- If the likely risks and burdens of treatment would outweigh the expected benefits.

**THEN** I direct that my health-care providers and others involved in my care provide, withhold, or withdraw treatment in accordance with the choice I have marked below: Check only one of the following boxes. You may also initial your selection.

- I want to stop or withhold medical treatment that would prolong my life.

**OR**

- I want medical treatment that would prolong my life as long as possible within the limits of generally accepted health care standards.

**PASET 2: DAGITI INDIVIDUAL NGA INSTRUKSION** (Mabalinyo a balbaliwan wenno ugedan ti aniaman a saanyo nga anamongan. Ikkan ti inisial ken petsa ti aniaman a panagbalbaliw.)

**A. DAGITI DESISION ITI PANAGGIBUS TI BIAG**

- No addaanak iti saanen a maagasan ken mapaimbag a kondision nga agbanag iti ipupusayko iti uneg ti apagiit a tiempo, WENNO
- No napukawkon ti kabaalak a mangiyebkas kadagiti pagayatak mainaig iti pannakataripato ti salun-atko ken nalabit a saankon a mapasubli dayta nga abilidad, WENNO
- No dagiti nalabit a peggad ken dadagsen ti panagagas ket nadagdagsen ngem dagiti manamna a benepisio.

**NGARUD** Ibilinko a dagiti mangipapaay iti pannakataripato ti salun-atko ken dadduma pay a tattao nga addaan pakairamanan iti pannakataripatok ket ipaayda, saanda nga ipaay wenno isardeng ti panagagas segun iti desisionko a minarkaak iti baba: Ikkan ti tsek ti maysa laeng kadagiti sumaganad a kahon. Mabalinyo pay nga ikkan ti inisyal ti piniliyo.

*Iburay ken patangenyoy iti doktorko, kadagiti ipatpategyo ken iti ahenteyo ti maipanggep iti Pakauna a Bilinyo mainaig iti Pannakataripato ti Salun-at*

Kayatko a maisardeng wenno saan a maipaay ti medikal a panagagas a mangpaatiddog iti biagko.

**WENNO**

Kayatko ti medikal a panagagas a mangpaatiddog iti biagko agpatingga iti mabalin iti las-ud dagiti limitasion dagiti pagibatayan ti pannakataripato ti salun-at nga akseptaren ti sapaasap.

**B. ARTIFICIAL NUTRITION AND HYDRATION - FOOD AND FLUIDS:**

Artificial nutrition and hydration must be provided, withheld or withdrawn in accordance with the choice I have made in the preceding paragraph A unless I mark the following box.

If I mark this box, artificial nutrition and hydration must be provided under all circumstances as long as it is within the limits of generally accepted healthcare standards.

**B. ARTIPISIAL A NUTRISION KEN PANNAKAIPAAY TI DANUM - TARAON KEN MAINOM:**

Ti artipisial a nutrision ken pannakaipaay ti danum (hydration) ket masapul a maipaay, saan a maipaay wenno maibabawi segun iti desision ko nga impalgaakko iti immun-una a paragrafo A malaksid no markaak ti sumaganad a kahon.

No markaak daytoy a kahon, masapul a maipaay ti artipisial a nutrision ken pannakaipaay ti danum (hydration) iti amin a kasasaad no la ketdi adda iti las-ud dagiti limitasion dagiti pagibatayan ti pannakataripato ti salun-at nga akseptaren ti sapaasap.

**C. RELIEF FROM PAIN:**

If I mark this box, I choose treatment to alleviate pain or discomfort even if it might hasten my death.

**C. GIN-AWA MANIPUD ITI SAKIT WENNO OT-OT:**

No markaak daytoy a kahon, piliek ti panagagas tapno mabang-aran ti sakit/ot-ot wenno kina-awan gin-awa uray pay no padarasenna ti ipupusayko.

**D. OTHER**

If I mark this box, the additional instructions or information I have attached are to be incorporated into my care. (Sign and date each added page and attach to this form.)

**D. DADDUMA PAY**

No markaak daytoy a kahon, maitipon iti pannakataripatok dagiti nayon nga instruksion wenno impormasion nga insigpitko. (Pirmaan ken ikkan ti petsa ti tunggal panid ken isigpit iti daytoy a pormas.)

**E. WHAT IS IMPORTANT TO ME:** (Optional. Add additional sheets if needed.) The things that I value and that make life worth living to me are: (examples: gardening, walking my pet, shopping, participating in family gatherings, attending church or temple):

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I have attached \_\_\_\_\_ additional sheet/s

**E. ANIA TI IMPORTANTE KANIAK:** (Saan nga inkapilitan. Agusar iti sabali pay a papel no kasapulan.)  
Dagiti banbanag a tagipatgek ken gapuanan tapno adda pay la anag ti panagbiagko ket: (kas pangarigan:  
panagtaripato iti mulmula, panangipagpagna iti asok, panag-shopping, pannakipaset kadagiti panagsasarak ti  
pamilya, ipapan iti simbaan wenno templo):

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Nangisigpitak iti \_\_\_\_\_ a nayon a papel/es

My thoughts about when I would not want my life prolonged by medical treatment (Examples include:  
If I no longer have the mental capacity to make my own decisions, if I have lost all ability to communicate,  
if I can no longer safely swallow, etc):

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I have attached \_\_\_\_\_ additional sheet/s

Dagiti kapanunotak maipanggep no kaano a saanko kayat a maiyat-atiddog ti biagko babaen iti medikal a  
panagagas (Mairaman kas pangarigan dagiti: No awanen ti nasimbeng a panunotko nga agaramid kadagiti  
bukodko a desision, no napukawkon ti kabaalak a makipatang, wenno saannakon a makatimon a natalged, kdp):

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Nangisigpitak iti \_\_\_\_\_ a nayon a papel/es

**YOUR NAME:** (Please sign in front of witnesses or notary public)

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Print Your Full Name	Your Signature	Date of Birth	Date
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**TI NAGANYO:** (Agpirma kayo koma iti imatang dagiti saksi wenno notario publiko)

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I-print ti Kumpleto a Naganyo	Ti Pirmayo	Petsa ti Pannakayananak	Petsa
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**WITNESSES: CHOOSE EITHER OPTION 1 OR 2, NOT BOTH.**

**Important: Witnesses** cannot be your health care agent, a health care provider or an employee of a health care facility. One witness cannot be a relative or have inheritance rights.

**OPTION 1: WITNESSES**

I (Witness 1) declare that the person completing this advance health care directive is personally known to me, that she/he signed or acknowledged this power of attorney in my presence and appears to be of sound mind and under no undue influence. I am not related by blood, marriage, or adoption, and to the best of my knowledge I am not entitled to any part of her/his estate. I am not the person appointed as agent by this document, and I am not a health-care provider, nor an employee of a health-care provider or facility.

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Witness #1 Print Name	Witness Signature	Date
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Street Address	City	State	Zip
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**DAGITI SAKSI: PILIEN TI MAYSA LAENG KADAGITI PAGPILIAN 1 WENNO 2, SAAN NGA ISUDA A DUA.**

**Importante: Dagiti saksi** ket saan a mabalin nga ti ahente iti pannakataripato ti salun-atyo, mangipapaay iti pannakataripato ti salun-at wenno empleado ti pasilidad a pakataripatoan ti salun-at. Ti maysa kadagiti saksi ket saan a mabalin a kabaggiano wenno agtawid kadakayo.

**PAGPILIAN 1: DAGITI SAKSI**

Ipablaakko (Saksi 1) a ti tao a mangkumkumpleto iti daytoy a pakauna a bilin mainaig iti pannakataripato ti salun-at ket personal nga am-ammok, a pinirmaan wenno inaklonna daytoy a power of attorney iti imatangko ken kasla met nasimbeng ti panunotna ken awan ti nangpilit kenkuana. Awan ti pakainaigak kenkuana babaen panagkabaggian, panagasawa, wenno panagadaptar, ken iti pagpatinggaan ti ammok awan ti karbengak iti aniaman a paset ti sanikuana. Saan a siak ti tao a nadutokan kas ahente iti daytoy a dokumento, ken saan a siak ti mangipapaay ti pannakataripato ti salun-at, ken saanak nga empleado ti mangipapaay ti pannakataripato ti salun-at wenno ti pasilidad a pakataripatoan ti salun-at.

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Saksi #1 I-print ti Nagan	Pirma ti Saksi	Petsa
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Address ti Kalsada	Siudad	Estado	Zip
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I (Witness 2) declare that the person completing this advance health care directive is personally known to me, that she/he signed or acknowledged this power of attorney in my presence and appears to be of sound mind and under no undue influence. I am not the person appointed as agent by this document, and I am not a health-care provider, nor an employee of a health-care provider or facility.

Witness #2 Print Name	Witness Signature	Date
Street Address	City	State Zip

Ipablaakko (Saksi 2) a ti tao a mangkumkumpleto iti daytoy a pakauna a bilin mainaig iti pannakataripato ti salun-at ket personal nga am-ammok, a pinirmaan wenno inaklonna daytoy a power of attorney iti imatangko ken kasla met nasimbeng ti panunotna ken awan ti nangpilit kenkuana. Saan a siak ti tao a nadutokan kas ahente iti daytoy a dokumento, ken saan a siak ti mangipapaay ti pannakataripato ti salun-at, ken saanak nga empleado ti mangipapaay ti pannakataripato ti salun-at wenno ti pasilidad a pakataripatoan ti salun-at.

Saksi #2 I-print ti Nagan	Pirma ti Saksi	Petsa
Address ti Kalsada	Siudad	Estado Zip

**OPTION 2: NOTARY PUBLIC**

State Hawai'i, } ss.  
 (City and) County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_, before me, \_\_\_\_\_, (insert name of notary public) appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this \_\_\_ -page Hawai'i Advance Health Care Directive dated on \_\_\_\_\_, in the \_\_\_\_\_ Judicial Circuit of the State of Hawai'i, and acknowledged that he/she executed the same as his/her free act and deed.

\_\_\_\_\_  
 Signature of Notary Public  
 My Commission Expires: \_\_\_\_\_

**A copy has the same effect as the original.**  
[www.kokuamau.org/resources/advance-directives](http://www.kokuamau.org/resources/advance-directives)  
 Developed by the Executive Office on Aging and  
 Kōkua Mau - Hawai'i Hospice and Palliative Care Organization  
 December 2015

Place Notary Seal or Stamp Above



## PAGPILIAN 2: NOTARIO PUBLIKO

Iti daytoy nga \_\_\_\_\_ aldaw ti \_\_\_\_\_, iti tawen nga \_\_\_\_\_, iti imatangko, \_\_\_\_\_, (ikabil ti nagan ti notario publiko) immay ni \_\_\_\_\_, personal nga am-ammok (wenno pinaneknekanna ti kinasiasinona babaen iti makapnek nga ebidensia) nga isuna ti tao a nainaganan iti daytoy \_\_\_ -panid a Pakauna a Bilin mainaig iti Pannakataripato ti Salun-at iti Hawai'i a napetsaan idi \_\_\_\_\_, iti \_\_\_\_\_ Judicial Circuit ti Estado ti Hawai'i, ken inaklonna nga isuna ti nangipatangpal iti daytoy kas nawaya a ganuat ken aramid.

\_\_\_\_\_  
Pirma ti Notario Publiko

Ti Komisionko ket Agpatingga no: \_\_\_\_\_

**Ti kopya ket addaan iti bileg a kas met la iti orihinal.**  
[www.kokuamau.org/resources/advance-directives](http://www.kokuamau.org/resources/advance-directives)  
Inaramid ti Executive Office on Aging and Kōkua Mau - Hawai'i  
Hospice and Palliative Care Organization

Enero 2016

Ikabil iti Ngato ti Selyo wenno Marka ti Notario